

ARIZONA DEPARTMENT OF CHILD SAFETY

INFORMATION REGARDING CLIENT GRIEVANCES

Disagreements sometimes arise during the course of a Department of Child Safety (DCS) case, either with a family or with providers of service. The Department has ways to address these disagreements and wants you to know about them.

Disagreements covered by this process involve many areas associated with provision of services and foster care.

There are certain subjects which the Client Grievance Process does NOT deal with:

- Challenges to findings of a DCS investigation
- Mediation outcomes
- Issues previously grieved with no new circumstances
- Court orders and/or information provided to the court
- Complaints previously or currently under review by the Office of the Ombudsman Citizens Aide
- Results of an evaluation (*psychological, psychiatric, substance abuse*)
- Removal of children from a parent, guardian or custodian
- Denial of revocation of a license or certification
- Issues of contract providers if Procurement Code applies

If your complaint regards one of the issues listed in this box, DO NOT start the Client Grievance Process.

The process of resolving disagreements between you and the department consists of a series of possible steps, and the goal is to address disagreements at the lowest possible level among the people most familiar with the situation. If you are not satisfied with the outcome of a step, you may choose to elevate the problem to the next highest step.

Conflict Resolution Process

▶ **Address your Issue Directly with the Child Safety Specialist**

If you are not satisfied with the outcome, then

▶ **Request a Conflict Resolution Conference by contacting the Child Safety Specialist's Supervisor**

If you are not satisfied with the outcome, then

▶ **Initiate the formal Client Grievance Process**

- 1) Submit a completed Client Grievance – Level I form. The Level I form will need to be filled out and **mailed** to the address listed on the form.
- 2) If you want help completing the form, ask the Child Safety Specialist or call the Family Advocate at 1-877-527-0765.
- 3) You will be contacted within ten (10) working days of date received by the Department to discuss your concerns (*this is called the Level I response*).

If you are not satisfied with the response, you may proceed to Level II

- 4) Request a Level II Review. You must do this within 30 days of receiving the Level I response and accompanying paperwork that you must fill out. You will receive a written response with seven (7) working days, this time from the Program Administrator or designee.

If you are not satisfied with the response, you may proceed to Level III

- 5) Request a Level III Review. You must do this within 30 days of receiving the Level II response and accompanying paperwork that you must fill out. You will receive a written response within five (5) working days, this time from the DCS Director or designee. This is the last step of the Client Grievance Process.

It is the Department's intention to address all complaints which you express. The Department is committed to making sure you are satisfied with the service you are getting, and to providing you with information which will help you understand the situation. If it is determined that policy has not been followed, the Department is committed to correcting the situation and to assuring that your concerns are properly addressed.

PLEASE DETACH THIS TOP SHEET AND KEEP IT FOR YOUR FUTURE REFERENCE

ARIZONA DEPARTMENT OF CHILD SAFETY

CLIENT GRIEVANCE – LEVEL I

LEVEL I **Initiating Grievance (To be completed by person initiating the grievance)**

By completing and mailing this grievance to *DCS, Site Code 750A, P.O. Box 6123, Phoenix AZ 85005, you have taken the first step (Level I) of the formal client grievance process. You will be contacted within ten (10) working days of the date it is received by DCS to discuss your concerns.

NAME OF PERSON INITIATING GRIEVANCE (Last, First, M.I.)	HOME PHONE NO.	WORK PHONE NO.
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ADDRESS WHERE YOU WANT THE DEPARTMENT'S WRITTEN RESPONSE TO BE MAILED

Grievance Initiator Type: Please check one of the following to describe who you are.

- Parent, Guardian or Custodian
- Child (age 12 and over)
- Foster Care Provider
- Other Provider
- Other (specify):

Subject of Grievance: Please check the area that best describes the subject of your grievance.

- | | |
|--|--|
| <input type="checkbox"/> Timeliness of Communication | <input type="checkbox"/> Discrimination/Bias |
| <input type="checkbox"/> Quality of Communication | <input type="checkbox"/> Custody |
| <input type="checkbox"/> Attitude of Communication | <input type="checkbox"/> Investigation |
| <input type="checkbox"/> Placement Foster/Adoptive | <input type="checkbox"/> Licensing Agency |
| <input type="checkbox"/> Unlicensed Placement | <input type="checkbox"/> Visitation |
| <input type="checkbox"/> Legal Representation | <input type="checkbox"/> Payment |
| <input type="checkbox"/> Case Plan/Services | <input type="checkbox"/> Other: |

Please describe your grievance below: Use "ADDITIONAL INFORMATION" on page 2 if you need more space.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.

ADDITIONAL INFORMATION

What do you suggest be done to correct this problem?

CASE NAME	CHILD SAFETY SPECIALIST'S NAME
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The information contained in this grievance is true to the best of my knowledge.

SIGNATURE OF PERSON INITIATING GRIEVANCE	DATE
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***MAIL THIS GRIEVANCE TO THE ADDRESS SHOWN ON PAGE 1 OF THIS FORM.**

LEVEL I **Department Response (Completed by Department)**

TRACKING NO.	DATE RECEIVED	DATE SENT TO REGION
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Department's written response:

SIGNATURE OF EMPLOYEE COMPLETING RESPONSE	TITLE	DATE
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DATE RESPONSE MAILED	SIGNATURE OF EMPLOYEE MAILING RESPONSE
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